

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5	1					
6		1				
7						
8						
9	1					
10						
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13	1					
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49						
50						

TOTAL IND.

4

TOTAL DEP.

6

TOTAL CLAIMS

10

TOTAL IND.

1

TOTAL DEP.

1

TOTAL CLAIMS

1